DO NOT USE THIS SPACE	PERSONAL HISTORY STATEMENT	THIS DATE (Fill In)
ISSUED BY		AUGUST 31, 1961

INSTRUCTIONS

1. Answer all questions completely or check appropriate box. If question is not applicable, write "NA". Write "Unknown" only if you do not know the answer and it cannot be obtained from personal records. Use blank space at end of form for extra details on any question for which you have insufficient space.
2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.
3. Consider your answers carefully. Your signature at the end of this form will certify to their correctness. Careful completion of all applicable questions will permit review of your qualifications to the best advantage.

SECTION I — GENERAL PERSONAL AND PHYSICAL DATA

1. FULL NAME (Last-First-Middle): RODRIGUEZ, EMILIO AMERICO
2. AGE: 33 YEARS 8 MONTHS
3. SEX: [X] MALE [ ] FEMALE
4. HEIGHT: 5 FT. 10 IN.
5. WEIGHT: 150 lbs.
6. COLOR OF EYES: BROWN
7. COLOR OF HAIR: BLACK
8. TYPE COMPLEXION: RUDDY
9. TYPE BUILD: MEDIUM
10. SCARS (Type and Location): NONE
11. OTHER DISTINGUISHING PHYSICAL FEATURES: NONE
12. CURRENT ADDRESS (No., Street, City, Zone, State and Country): 9361 S.W. 178 ST. PERRINE 57, FLA. U.S.A.
13. PERMANENT ADDRESS (No., Street, City, Zone, State and Country) AND PHONE NO.: 9361 S.W. 178 ST. PERRINE 57, FLA. U.S.A. PHONE: CEdar 5-8341
14. CURRENT PHONE NO.: CEdar 5-8341
15. OFFICE PHONE NO. & EXT.: N.A.
16. LEGAL RESIDENCE (State, Territory or Country): FLORIDA, U.S.A.
17. NICKNAMES: NONE
18. OTHER NAMES YOU HAVE USED: EUGENIO GONZALEZ
19. INDICATE CIRCUMSTANCES (Including Length of Time) UNDER WHICH YOU HAVE EVER USED THESE NAMES.
FROM APRIL 1960 TO PRESENT IN HAVANA, CUBA AND MIAMI, FLA. AS UNDERCOVER NAME
20. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by What Authority).
N.A.

SECTION II — POSITION DATA

1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING
CONTRACT AGENT
2. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary). $ 9,600.00
3. DATE AVAILABLE FOR EMPLOYMENT: CONTRACT ALREADY SIGNED
4. INDICATE YOUR WILLINGNESS TO TRAVEL
[ ] OCCASIONALLY [ ] FREQUENTLY [X] CONSTANTLY [ ] OTHER:
5. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN THE FOLLOWING LOCATIONS (Check (X) each item applicable)
[X] WASHINGTON, D.C. [X] ANYWHERE IN U.S. [ ] CERTAIN LOCATIONS ONLY (Specify):
[X] OUTSIDE CONTINENTAL U.S.
6. INDICATE WHAT RESERVATIONS YOU WOULD PLACE ON ASSIGNMENTS OUTSIDE THE WASHINGTON, D.C. AREA.
ADEQUATE PAY AND LIVING CONDITIONS FOR SELF AND FAMILY

SECTION III — **CITIZENSHIP**

1. DATE OF BIRTH	2. PLACE OF BIRTH (City, State, Country)	3. PRESENT CITIZENSHIP (Country)
JAN. 27, 1928	HAVANA, CUBA	U.S.A.

4. CITIZENSHIP ACQUIRED BY	5. DATE NATURALIZED	6. NATURALIZATION CERTIFICATE NO.
[ ] BIRTH [ ] MARRIAGE [X] OTHER (Specify): NATURA.	DECEMBER 15, 1949	#6799255

7. COURT ISSUING NATURALIZATION CERTIFICATE	8. ISSUED AT (City, State, Country)
U.S. DISTRICT COURT OF EASTERN DIST. OF LOUISIANA	NEW ORLEANS, LA.

9. HAVE YOU HELD PREVIOUS NATIONALITY	10. IF YES, GIVE NAME OF COUNTRY
[X] YES [ ] NO	CUBA

11. GIVE PARTICULARS CONCERNING PREVIOUS NATIONALITY.

CUBAN BY BIRTH

12. HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP	13. GIVE PARTICULARS
[ ] YES [X] NO	N.A.

14. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, WHAT IS PRESENT STATUS OF YOUR APPLICATION (First Papers, Etc.)?

N.A.

15. DATE OF ARRIVAL IN U.S.	16. PORT OF ENTRY	17. ON PASSPORT OF WHAT COUNTRY
JUNE 6, 1961	MIAMI, FLA.	SWISS PROTECTIVE PASSPORT

18. LAST U.S. VISA (No., Type, Place of Issue)	19. DATE VISA ISSUED
RESIDENT, U.S. EMBASSY IN HAVANA, CUBA	NOV. 1942

SECTION IV — **EDUCATION**

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

[ ]	LESS THAN HIGH SCHOOL GRADUATE	[ ]	OVER TWO YEARS OF COLLEGE - NO DEGREE
[ ]	HIGH SCHOOL GRADUATE	[ ]	BACHELOR'S DEGREE
[ ]	TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	[ ]	GRADUATE STUDY LEADING TO HIGHER DEGREE
[ ]	TWO YEARS COLLEGE OR LESS	[X]	MASTER'S DEGREE [ ] DOCTOR'S DEGREE

2. ELEMENTARY SCHOOL

1. NAME OF ELEMENTARY SCHOOL	2. ADDRESS (City, State, Country)
COLEGIO DE LA SALLE	HAVANA, CUBA
3. DATES ATTENDED (From-and-To)	4. GRADUATE
Sep. 1934 to Nov. 1942	[X] YES [ ] NO

3. HIGH SCHOOL

1. NAME OF HIGH SCHOOL	2. ADDRESS (City, State, Country)
ALCEE FORTIER HIGH SCHOOL	NEW ORLEANS, LA.
3. DATES ATTENDED (From-and-To)	4. GRADUATE
Nov. 1942 to June 1945	[X] YES [ ] NO
1. NAME OF HIGH SCHOOL	2. ADDRESS (City, State, Country)
3. DATES ATTENDED (From-and-To)	4. GRADUATE
	[ ] YES [ ] NO

4. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT: MAJOR	SUBJECT: MINOR	DATES ATTENDED: FROM	DATES ATTENDED: TO	DEGREE REC'D	DATE REC'D	SEM/QTR HOURS (Specify)
TULANE UNIVERSITY OF LOUISIANA	Psychology	Biology, Chemistry	1945	1948	B.S.	June 1948	Sem hrs.
TULANE UNIVERSITY OF LOUISIANA	Spanish	Portuguese	1949	1952	M.A.	JUNE 1952	Sem hrs.
TULANE UNIVERSITY OF LOUISIANA	Spanish	French	1952	1954	NONE	N.A.	Sem hrs.

SECTION IV CONTINUED TO PAGE 3

SECTION IV CONTINUED FROM PAGE 2

5. IF A GRADUATE DEGREE HAS BEEN NOTED IN ITEM 4 WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

EL EPITETO EN LAS OBRAS DE BERCEO (DO NOT REMEMBER EXACT TITLE). A DETAILED STUDY OF THE MANY USES OF THE EPITHET IN BERCEO'S WORKS, A 12TH CENTURY WRITER, INCLUDING A CROSS-REFERENCE LISTING OF ALL EPITHETS AS SHOWN IN HIS WRITINGS.

6. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS
	N.A.			

7. MILITARY TRAINING (FULL TIME DUTY IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, INTELLIGENCE, COMMUNICATIONS, ETC.)

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS
	N.A.			

8. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE.

N.A.

SECTION V FOREIGN LANGUAGE ABILITIES

1. LANGUAGE (List below each language in which you possess any degree of competence. Indicate your proficiency to Read, Write or Speak by placing a check (X) in the appropriate box(es).)

COMPETENCE - IN ORDER LISTED: R-Read, W-Write, S-Speak

LANGUAGE	EQUIVALENT TO NATIVE FLUENCY R	W	S	FLUENT BUT OBVIOUSLY FOREIGN R	W	S	ADEQUATE FOR RESEARCH R	W	S	ADEQUATE FOR TRAVEL R	W	S	LIMITED KNOWLEDGE R	W	S	HOW ACQUIRED: NATIVE OF COUNTRY	PROLONGED RESIDENCE	CONTACT (with parents, etc.)	ACADEMIC STUDY (all levels)
SPANISH	X	X	X													X			X
PORTUGUESE				X		X		X											X
FRENCH													X	X	X				X
ITALIAN													X	X	X				X

2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY.

FROM 1949 to 1954 STUDIED THE ROMANCE LANGUAGES AT THE GRADUATE LEVEL

3. IF YOU HAVE INDICATED FLUENCY FOR A LANGUAGE HAVING SIGNIFICANT DIFFERENCES IN SPOKEN AND WRITTEN FORM, EXPLAIN YOUR COMPETENCE THEREIN.

N.A.

4. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY IN THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY, AND OTHER SPECIALIZED FIELDS.

FAMILIAR WITH SCIENTIFIC AND ENGINEERING TERMINOLOGY IN SPANISH.

5. IF YOU HAVE NOTED A PROFICIENCY IN LANGUAGE, WOULD YOU BE WILLING TO USE THIS ABILITY IN ANY POSITION FOR WHICH YOU MIGHT BE SELECTED?

☒ YES ☐ NO

SECTION VI — **GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL**

1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES IN WHICH YOU HAVE TRAVELLED OR GAINED KNOWLEDGE AS A RESULT OF RESIDENCE, STUDY OR WORK ASSIGNMENT. INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE OR TRAVEL	DATES AND PLACE OF STUDY	KNOWLEDGE ACQUIRED BY: RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
CUBA	HAVANA + VECINITY. POLITICAL ECONOMIC + SOCIAL STRUCTURE COMMERCE - IMPORTATIONS.	1954-1961	N.A.	X			X

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE, OR TRAVEL IN EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE.

To work as Assistant District Manager for Century Electric Co., in charge of their HAVANA Office, in HAVANA, Cuba. Later remained in Cuba from March 1960 to June 1961 as Principal Agent for C.I.A.

3. UNITED STATES PASSPORT NUMBER AND EXPIRATION DATE, IF ISSUED.

Pass. Nº: 1095961 Expired: Sept. 2 1960 (not renewed)

SECTION VII — **TYPING AND STENOGRAPHIC SKILLS**

1. TYPING (wpm)	2. SHORTHAND (wpm)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM: GREGG	SPEEDWRITING	STENOTYPE	OTHER (Specify):
50	N.A.				

2. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE ~~OR TRAINING~~ (Comptometer, Mimeograph, Card Punch, Etc.). MIMEOGRAPH, ADDING MACHINE, CALCULATOR, DICTATING MACHINE.

SECTION VIII — **SPECIAL QUALIFICATIONS**

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.

FISHING, HUNTING, SWIMMING (GOOD UNDERWATER RESISTANCE), PHOTOGRAPHY (BLACK + WHITE AND COLOR), MUSICAL (PLAY SEVERAL INSTRUMENTS BY EAR), FLYING, Bowling, Chess.

Average in ALL OF THE ABOVE.

2. INDICATE ANY SPECIAL QUALIFICATIONS RESULTING FROM EXPERIENCE OR TRAINING WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK.

TEACHING AND ADMINISTRATIVE EXPERIENCE SECURED AT THE UNIVERSITY LEVEL AND IN FOREIGN TRADE MANAGEMENT RESPECTIVELY. ALSO CAPACITY TO CARRY OUT INDEPENDENT RESEARCH AT THE GRADUATE LEVEL.

3. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 2, SECTION VII, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO (Indicate CW speed, sending and receiving), OFFSET PRESS, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES.

FAMILIAR WITH GENERAL SCIENTIFIC APPARATUS AS MAY BE PRESENT IN A MEDICAL RESEARCH LABORATORY. Beckman Spectophotometry. (DID ONE half YEAR RESEARCH AT TULANE MEDICAL SCHOOL)

SECTION VIII CONTINUED TO PAGE 5

14-00000

SECTION VIII CONTINUED FROM PAGE 4

4. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, ETC.?

[X] YES [ ] NO

5. IF YOU HAVE ANSWERED "YES" TO ABOVE, INDICATE KIND OF LICENSE AND STATE ISSUING LICENSE *(Provide License Registry Number, if known).*

Student Pilot Certificate Nº S-293957

6. FIRST LICENSE OR CERTIFICATE *(Year of Issue)*	7. LATEST LICENSE OR CERTIFICATE *(Year of Issue)*
2-18-54	N.A.

8. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR *(Do NOT submit copies unless requested).* INDICATE THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING *(Non-Fiction or Scientific articles, General Interest subjects, Novels, Short Stories, Etc.).*

N.A.

9. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED.

N.A.

10. LIST PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE.

IN COLLEGE AND AS A JUNIOR EXECUTIVE IN FOREIGN TRADE

11. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

Phi Sigma Iota, National Honor Society of Romance Languages.

American Association of Teachers of Spanish and Portuguese.

Graduate Scholarships offered by the State of Louisiana and Tulane University.
(UNDER WHICH I DID FIVE YEARS OF GRADUATE WORK)

HONORARY MENTIONS AND MEDALS.

SECTION IX EMPLOYMENT HISTORY

NOTE: (LIST LAST POSITION FIRST.) *Indicate chronological history of employment for past 15 years. Account for all periods including casual employment and all periods of unemployment. Give address and state what you did during periods of unemployment. List all civilian employment by a foreign Government, regardless of dates. In completing item 9, "Description of Duties" consider your experience carefully and provide meaningful, objective statements.*

1. INCLUSIVE DATES *(From and To - By Mo. and Yr.)*: APRIL/1954 - Oct. 1960

2. NAME OF EMPLOYING FIRM OR AGENCY: CENTURY ELECTRIC COMPANY

3. ADDRESS *(No., Street, City, State, Country)*: 1806 PINE ST., ST. LOUIS, MO., USA.

4. KIND OF BUSINESS: MANUFACTURER OF MOTORS, GENERATORS, ETC.

5. NAME OF SUPERVISOR: ARNESTO N. RODRIGUEZ, Dist. Mgr. / Mr. Charles C. White, Export Manager.

6. TITLE OF JOB: Assistant DISTRICT MANAGER

7. SALARY OR EARNINGS: $ 1,000 PER MONTH (app)

8. CLASS. GRADE *(If Federal Service)*:

9. DESCRIPTION OF DUTIES: TO PROMOTE AND SERVICE THE SALE OF CENTURY MOTORS, GENERATORS AND RELATED EQUIPMENT IN THE TERRITORY OF CUBA, AND TO COOPERATE IN COLLECTIONS WHEN NECESARY. TO MANAGE THE HAVANA DISTRICT SALES OFFICE IN FULL RESPONSABILITY IN THE ABSENCE OF THE DISTRICT MGR. TO LOOK AFTER THE INTEREST OF CENTURY ELEC. CO. IN CUBA

10. REASONS FOR LEAVING: PRESENT CONDITIONS IN CUBA AND ACCEPTANCE of ASSIGNMENTS AS PRINCIPAL AGENT IN CUBA FOR C.I.A.

SECTION IX CONTINUED TO PAGE 6

SECTION IX CONTINUED FROM PAGE 5

2

1. INCLUSIVE DATES (From and To - By Mo. and Yr.) FEB. 1950 - MARCH 1954	2. NAME OF EMPLOYING FIRM OR AGENCY TULANE UNIVERSITY
3. ADDRESS (No., Street, City, State, Country) ST. CHARLES ST., NEW ORLEANS, LA., U.S.A.	
4. KIND OF BUSINESS COLLEGE	5. NAME OF SUPERVISOR Dr. John E. Englekirk, Chairman Sp. Dept.
6. TITLE OF JOB Graduate Asst.	7. SALARY OR EARNINGS $ 300 PER MONTH (Off.) — 8. CLASS. GRADE (If Federal Service)

9. DESCRIPTION OF DUTIES: TEACHER OF BEGINNER AND INTERMEDIATED SPANISH IN THE COLLEGE LEVEL. TO ASSIST WITH REGISTRATION AND DEPARTAMENTAL FUNCTIONS.

10. REASONS FOR LEAVING: TO ACCEPT ABOVE POSITION

3

1. INCLUSIVE DATES (From and To - By Mo. and Yr.) JUNE 1949 — JUNE 1950	2. NAME OF EMPLOYING FIRM OR AGENCY BERLITZ SCHOOL OF LANGUAGEZ
3. ADDRESS (No., Street, City, State, Country) INTERNATIONAL TRADEMART, NEW ORLEANS, LA, U.S.A.	
4. KIND OF BUSINESS LANGUAGE SCHOOL	5. NAME OF SUPERVISOR MR. HALL, DIRECTOR
6. TITLE OF JOB PROFESSOR	7. SALARY OR EARNINGS $ 3.00 PER hr. (Off.) — 8. CLASS. GRADE (If Federal Service)

9. DESCRIPTION OF DUTIES: TO TEACH THE SPANISH LANGUAGE BY THE BERLITZ METHOD.

10. REASONS FOR LEAVING: TO ACCEPT ABOVE POSITION AND PURSUE AN ADVANCED DEGREE

4

1. INCLUSIVE DATES (From and To - By Mo. and Yr.) JAN. 1949 — JUNE 1949	2. NAME OF EMPLOYING FIRM OR AGENCY TULANE UNIVERSITY MEDICAL SCHOOL
3. ADDRESS (No., Street, City, State, Country) TULANE AVE., NEW ORLEANS, LA. U.S.A.	
4. KIND OF BUSINESS MEDICAL SCHOOL	5. NAME OF SUPERVISOR Dr. Woo
6. TITLE OF JOB Medical Research Technician	7. SALARY OR EARNINGS $ 200.00 PER MONTH — 8. CLASS. GRADE (If Federal Service)

9. DESCRIPTION OF DUTIES: IN CHARGE OF SPECTROPHOTOMETRIC ANALYSIS IN THE CARDIO-VASCULAR RESEARCH LABORATORY.

10. REASONS FOR LEAVING: CONCLUSION OF RESEARCH

5

1. INCLUSIVE DATES (From and To - By Mo. and Yr.)	2. NAME OF EMPLOYING FIRM OR AGENCY
3. ADDRESS (No., Street, City, State, Country)	
4. KIND OF BUSINESS	5. NAME OF SUPERVISOR
6. TITLE OF JOB	7. SALARY OR EARNINGS $ PER — 8. CLASS. GRADE (If Federal Service)

SECTION IX CONTINUED TO PAGE 7

SECTION IX CONTINUED FROM PAGE 6

5

9. DESCRIPTION OF DUTIES

10. REASONS FOR LEAVING

6

1. INCLUSIVE DATES *(From and To - By Mo. and Yr.)*	2. NAME OF EMPLOYING FIRM OR AGENCY		
3. ADDRESS *(No., Street, City, State, Country)*			
4. KIND OF BUSINESS	5. NAME OF SUPERVISOR		
6. TITLE OF JOB	7. SALARY OR EARNINGS		8. CLASS. GRADE *(If Federal Service)*
	$	PER	
9. DESCRIPTION OF DUTIES			
10. REASONS FOR LEAVING			

7

1. INCLUSIVE DATES *(From and To - By Mo. and Yr.)*	2. NAME OF EMPLOYING FIRM OR AGENCY		
3 ADDRESS *(No., Street, City, State, Country)*			
4. KIND OF BUSINESS	5. NAME OF SUPERVISOR		
6. TITLE OF JOB	7. SALARY OR EARNINGS		8. CLASS. GRADE *(If Federal Service)*
	$	PER	
9. DESCRIPTION OF DUTIES			
10. REASONS FOR LEAVING			

8. IF PRIOR SERVICE WITH THE FEDERAL GOVERNMENT IS NOTED ABOVE, INDICATE THE NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL SERVICE RETIREMENT, IF KNOWN.

9. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION. ☐ YES ☒ NO

HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? ☐ YES ☒ NO

IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS "YES", GIVE DETAILS

SECTION X — MILITARY SERVICE

1. CURRENT DRAFT STATUS

1. ARE YOU REGISTERED FOR THE DRAFT UNDER THE UNIVERSAL MILITARY TRAINING AND SERVICE ACT OF 1948 *(As amended)* — [X] YES [ ] NO	2. SELECTIVE SERVICE CLASSIFICATION: 4-F	3. SELECTIVE SERVICE NO.: 16-45-28-53
4. IF DEFERRED, GIVE REASON: DIABETES MELLITUS	5. LOCAL DRAFT BOARD NO. OR DESIGNATION AND ADDRESS: No 45, Orlean Parish, New Orleans, La.	

2. MILITARY SERVICE RECORD

1. CURRENT AND/OR PAST ORGANIZATIONAL MEMBERSHIP

CHECK (X) AS APPROPRIATE	ARMY	NAVY	MARINE CORPS	AIR FORCE	COAST GUARD	MERCHANT MARINE	NATIONAL GUARD	AIR NAT'L GUARD	FOREIGN ORGAN. OR MIL. SERVICE *(Specify)*:
HAVE SERVED →									
NOW SERVING →									

2. BRANCH OR CORPS OF ABOVE CHECKED ORGANIZATION(S)

3. DATE SEPARATED FROM EXTENDED ACTIVE DUTY *(Past service)*

4. TOTAL LENGTH OF EXTENDED ACTIVE DUTY IN U.S. ARMED FORCES *(Past and current service)*

5. DATE ENTERED ACTIVE DUTY → PAST SERVICE — CURRENT SERVICE

6. TOTAL LENGTH OF ACTIVE DUTY IN FOREIGN MILITARY ORGANIZATION

7. RANK, GRADE OR RATE → PAST SERVICE — CURRENT SERVICE

8. SERVICE, SERIAL OR FILE NUMBER *(If now serving, provide current number)*

9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY *(Mos or Designator)* AND TITLE — PAST SERVICE — CURRENT SERVICE

10. SECONDARY MIL. OCCUPATIONAL SPECIALTY *(Mos or Designator)* AND TITLE — PAST SERVICE — CURRENT SERVICE

11. BRIEF DESCRIPTION OF MILITARY DUTIES *(Indicate whether applicable to past or current service)*

NA

12. CHECK (X) TYPE OF SEPARATION FROM ACTIVE DUTY

HONORABLE DISCHARGE	RETIREMENT FOR SERVICE	UNDUE HARDSHIPS
RELEASE TO INACTIVE DUTY	RETIREMENT FOR COMBAT DISABILITY	OTHER:
RETIREMENT FOR AGE	RETIREMENT FOR PHYSICAL DISABILITY	

NA

13. CHECK (X) COMPONENT IN WHICH YOU SERVED

REGULAR — RESERVE *(Including the National and Air National Guard)* — OTHER *(Including AUS)*

3. MILITARY RESERVE, NATIONAL GUARD AND ROTC STATUS

1. DO YOU NOW HAVE RESERVE STATUS? [ ] YES [X] NO
2. ARE YOU NOW A MEMBER OF THE NAT'L. GRD. OR AIR NAT'L. GRD.? [ ] YES [X] NO
3. ARE YOU NOW A MEMBER OF THE ROTC? [ ] YES [X] NO

4. IF YOU HAVE ANSWERED "YES" TO ITEMS 1, 2 OR 3 ABOVE, CHECK COMPONENT MEMBERSHIP BELOW

ARMY	MARINE CORPS	NATIONAL GUARD	COAST GUARD	NAVY ROTC	INDICATE ROTC CATEGORY NUMBER
NAVY	AIR FORCE	AIR NAT'L. GUARD	ARMY ROTC	AIR FORCE ROTC	

5. CURRENT RANK, GRADE OR RATE

6. DATE OF APPOINTMENT IN CURRENT RANK

7. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION

8. CHECK (X) CURRENT RESERVE CATEGORY: READY RESERVE — STANDBY *(Active)* — STANDBY *(Inactive)* — RETIRED

9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY *(Mos or Designator)* AND TITLE

10. SECONDARY MILITARY OCCUPATIONAL SPECIALTY *(Mos or Designator)* AND TITLE

11. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES

NA NA

12. ARE YOU CURRENTLY ASSIGNED OR ATTACHED TO A RESERVE, NAT'L. GUARD OR ROTC TRAINING UNIT [ ] YES [X] NO

13. IF YOU HAVE ANSWERED "YES" TO ITEM 12, GIVE UNIT OR AGENCY AND ADDRESS

14. HAVE YOU A MILITARY MOBILIZATION ASSIGNMENT? [ ] YES [X] NO

15. IF YOU HAVE ANSWERED "YES" TO ITEM 14, GIVE UNIT OR AGENCY AND ADDRESS

NA

16. INDICATE TOTAL MILITARY SERVICE FOR LONGEVITY PURPOSES INCLUDING ACTIVE AND INACTIVE DUTY — YEARS: NA — MONTHS: NA.

17. WHERE ARE YOUR SERVICE RECORDS KEPT?

SECTION XI — FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? ☒ YES ☐ NO

2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME

N.A.

3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
Whitney Nat. Bank of New Orleans	New Orleans, LA., U.S.A.
The Airport Bank of Miami	Miami, FLA., U.S.A.
The Royal Bank of CANADA	HAVANA, CUBA.

4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY, ☐ YES ☒ NO

5. IF YOUR ANSWER IS "YES" TO THE ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

N.A.

6. GIVE THREE CREDIT REFERENCES IN THE UNITED STATES

NAME	ADDRESS (No., Street, City, State)
Whitney Nat. Bank of New Orleans	New Orleans, LA. U.S.A.
D.H. HOLMES Ltd. (Department Store)	New Orleans, LA. U.S.A.
MAISON Blanche (Department Store)	New Orleans, LA. U.S.A.

7. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? ☐ YES ☒ NO

8. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS

N.A.

9. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTIONS WITH NON-U.S. CORPORATIONS OR BUSINESSES; OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS?

☐ YES ☒ NO *(If answer "YES", furnish details on separate sheet.)*

SECTION XII — MARITAL STATUS

1. PRESENT STATUS *(Single, Married, Widowed, Separated, Divorced, or Annulled)* SPECIFY: MARRIED

2. STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

N.A.

WIFE, HUSBAND OR FIANCE: If you have been married more than once - including annulments - use a separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiance.

3. NAME

(First)	(Middle)	(Maiden)	(Last)
PAULINE	JUANITA	ROSS	RODRIGUEZ

4. STATE ANY OTHER NAMES EVER USED: PAULA (NICKNAME SINCE CHILHOOD)

INDICATE CIRCUMSTANCES *(Including length of time)* UNDER WHICH ANY OF THESE NAMES WERE USED. IF LEGAL CHANGE GIVE PARTICULARS *(Where and by what authority)*. USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.

5. DATE OF MARRIAGE: JUNE 10, 1948

6. PLACE OF MARRIAGE *(City, State, Country)*: New Orleans, LA., U.S.A.

7. HIS (OR HER) ADDRESS BEFORE MARRIAGE *(No., Street, City, State, Country)*: 300 OAKUM ST. EDENTON, N.C., U.S.A.

8. LIVING: ☒ YES ☐ NO

9. DATE OF DEATH: N.A.

10. CAUSE OF DEATH: N.A.

11. CURRENT ADDRESS *(Give last address, if deceased)*: 9361 S.W. 178 St., PERRINE 57, FLA. U.S.A.

12. DATE OF BIRTH: JAN. 2, 1923

13. PLACE OF BIRTH *(City, State, Country)*: BOGALUSA, LA. U.S.A.

14. CITIZENSHIP: U.S.A.

SECTION XII CONTINUED TO PAGE 10

SECTION XII CONTINUED FROM PAGE 9

14. IF BORN OUTSIDE U.S. DATE OF ENTRY: N.A.
15. PLACE OF ENTRY: N.A.
16. FORMER CITIZENSHIP(S) [Country(ies)]: N.A.
17. DATE U.S. CITIZENSHIP ACQUIRED: N.A.
18. WHERE ACQUIRED (City, State, Country): N.A.
19. OCCUPATION: HOUSE WIFE
20. PRESENT EMPLOYER (Also give former employer, or if spouse deceased or unemployed give last two employers): N.A.
21. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country): N.A.
22. DATES OF MILITARY SERVICE (From and to - By Mo. and Yr.): N.A.
23. BRANCH OF SERVICE: N.A.
24. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED: N.A.
25. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN: N.A.

SECTION XIII CHILDREN AND OTHER DEPENDENTS

1. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	ADDRESS
EMILIO AMERICO RODRIGUEZ JR.	SON	SEPT. 18, 1951, New Orleans, LA	U.S.A.	9361 SW. 178 ST. PERRINE 57, FLA.
JOSEPH ROSS RODRIGUEZ	SON	MARCH 1, 1953, New Orleans, La.	U.S.A.	9361 SW. 178 ST. PERRINE 57, FLA.
PATTI MICHELLE RODRIGUEZ	DAUGTHER	OCT. 23, 1954, HAVANA, Cuba	U.S.A.	9361 SW. 178 ST. PERRINE 57, FLA.
PAUL MARSHALL RODRIGUEZ	SON	NOV. 1, 1957, HAVANA Cuba	U.S.A.	9361 SW. 178 ST. PERRINE 57, FLA.

2. NUMBER OF CHILDREN (Including step-children and adopted children) WHO ARE UNMARRIED, UNDER 21 YRS. OF AGE, AND NOT SELF-SUPPORTING: 4

3. NUMBER OF OTHER DEPENDENTS (Including spouse, parents, step-parents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR CHILDREN OVER 21 YRS. OF AGE WHO ARE NOT SELF-SUPPORTING: 1

SECTION XIV FATHER (Give same information, for Stepfather and/or Guardian on a separate sheet)

1. FULL NAME (Last-First-Middle): RODRIGUEZ, ARNESTO NAPOLEON
2. LIVING: [X] YES [ ] NO
3. DATE OF DEATH: N.A.
4. CAUSE OF DEATH: N.A.
5. STATE OTHER NAMES HE HAS USED: N.A.

INDICATE CIRCUMSTANCES (Including length of time) UNDER WHICH HE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.

6. CURRENT ADDRESS - Give last address, if deceased (No., Street, City, State, Country): The Orleanian Apt. Hotel ST. CHARLES Ave. New Orleans, LA. U.S.A.
7. DATE OF BIRTH: August 5 1871 ~~Havana, Cuba~~
8. PLACE OF BIRTH (City, State, Country): HAVANA, Cuba.
9. CITIZENSHIP: Cuban
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY: NOV. 1962
11. PLACE OF ENTRY: New Orleans, La.
12. FORMER CITIZENSHIP(S) [Country(ies)]: N.A.
13. DATE U.S. CITIZENSHIP ACQUIRED: N.A
14. WHERE ACQUIRED (City, State, Country): N.A.
15. OCCUPATION: RETIRED
16. PRESENT EMPLOYER (Give last employer, if Father is deceased or unemployed): ~~SELF EMPLOYED~~ Century Elect. Co.
17. EMPLOYER'S BUSINESS ADDRESS OR FATHER'S BUSINESS ADDRESS IF SELF-EMPLOYED: 1806 PINE ST. ST LOUIS, MO. U.S.A.
18. DATES OF MILITARY SERVICE (From-and-To): N.A.
19. BRANCH OF SERVICE: N.A.
20. COUNTRY: N.A.
21. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN: INTELLIGECE AGENT FOR U.S. EMBASSY IN HAVANA CUBA DURING WORLD WAR I, WORLD WAR II, AND RECENT CASTRO REVOLUTION

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SECTION XV **MOTHER** *(Give same information for Stepmother on separate sheet)*

1. FULL NAME *(Last-First-Middle)*	2. LIVING	3. DATE OF DEATH	4. CAUSE OF DEATH
CASANOVA, EMILIA	YES [ ] NO [X]	~~August~~ July 6, 1961	ARTERIOSCLEROSIS

5. STATE OTHER NAMES SHE HAS USED: N.A.

INDICATE CIRCUMSTANCES *(Including length of time)* UNDER WHICH SHE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS *(Where and by what authority)*. USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.

6. CURRENT ADDRESS - GIVE LAST ADDRESS, IF DECEASED *(No., Street, City, State, Country)*: the Pontchartrain Apt. Hotel St. Charles Ave. New Orleans, LA. U.S.A.

7. DATE OF BIRTH	8. PLACE OF BIRTH *(City, State, Country)*	9. CITIZENSHIP
JUNE 5, 1901	HAVANA, Cuba	Cuban

10. IF BORN OUTSIDE U.S.- DATE OF ENTRY	11. PLACE OF ENTRY
Oct. 1, 1950	New Orleans, LA. U.S.A.

12. FORMER CITIZENSHIP(S) *[Country(ies)]*	13. DATE U.S. CITIZENSHIP ACQUIRED	14. WHERE ACQUIRED *(City, State, Country)*
N.A.	N.A.	N.A.

15. OCCUPATION	16. PRESENT EMPLOYER *(Give last employer, if Mother is deceased or unemployed)*
HOUSEWIFE	N.A.

17. EMPLOYER'S BUSINESS ADDRESS OR MOTHER'S BUSINESS ADDRESS IF SELF EMPLOYED: N.A.

18. DATES OF MILITARY SERVICE *(From-and-To)*	19. BRANCH OF SERVICE	20. COUNTRY
N.A.	N.A.	N.A.

21. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN: U.S. (Sp. MAIL) CENSOR IN NEW ORLEANS CENSORSHIP OFFICE DURING WORLD WAR II.

SECTION XVI **BROTHERS AND SISTERS** *(Including Half-, Step- and Adopted Brothers and Sisters)*

	1. FULL NAME *(Last-First-Middle)*	2. RELATIONSHIP	3. CITIZENSHIP *(Country)*	4. CURRENT ADDRESS *(No., Street, City, Zone, State, Country)*	5. LIVING	6. AGE
1	RODRIGUEZ, ARNESTO JOSE	BROTHER	U.S.	212 MAPLE Rd., METAIRE, LA. U.S.A.	YES [X] NO [ ]	38
2					YES [ ] NO [ ]	
3					YES [ ] NO [ ]	
4					YES [ ] NO [ ]	
5					YES [ ] NO [ ]	
6					YES [ ] NO [ ]	
7					YES [ ] NO [ ]	
8					YES [ ] NO [ ]	

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SECTION XVII — FATHER-IN-LAW

1. FULL NAME (Last-First-Middle)	ROSS, SAMUEL SANFORD
2. LIVING	YES [ ] NO [X]
3. DATE OF DEATH	JUNE 30, 1958
4. CAUSE OF DEATH	HEART ATTACK
5. STATE OTHER NAMES HE HAS USED	SAM (NIKNAME SINCE CHILDHOOD)
INDICATE CIRCUMSTANCES (Including length of time) UNDER WHICH HE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.	
6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country)	Route 2, Box 500, EDENTON, N.C., U.S.A.
7. DATE OF BIRTH	JULY 2, 1890
8. PLACE OF BIRTH (City, State, Country)	MOBILE, ALABAMA, U.S.A.
9. CITIZENSHIP	U.S.A.
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY	N.A.
11. PLACE OF ENTRY	N.A.
12. FORMER CITIZENSHIP(S) [Country(ies)]	N.A.
13. DATE U.S. CITIZENSHIP ACQUIRED	N.A.
14. WHERE ACQUIRED (City, State, Country)	N.A.
15. OCCUPATION	SAWYER
16. PRESENT EMPLOYER (Give last employer, if Father-in-Law is deceased or unemployed)	R.P. BAER AND Co., EDENTON, N.C., U.S.A.

SECTION XVIII — MOTHER-IN-LAW

1. FULL NAME (Last-First-Middle)	BONTA, PATTI JUANITA
2. LIVING	YES [X] NO [ ]
3. DATE OF DEATH	N.A.
4. CAUSE OF DEATH	N.A.
5. STATE OTHER NAMES SHE HAS USED	N.A.
INDICATE CIRCUMSTANCES (Including length of time) UNDER WHICH SHE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.	
6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country)	Route 2, Box 500, EDENTON, N.C. U.S.A.
7. DATE OF BIRTH	Dec. 21, 1899
8. PLACE OF BIRTH (City, State, Country)	LAUREL, Miss. U.S.A.
9. CITIZENSHIP	U.S.A.
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY	N.A.
11. PLACE OF ENTRY	N.A.
12. FORMER CITIZENSHIP(S) [Country(ies)]	N.A.
13. DATE U.S. CITIZENSHIP ACQUIRED	N.A.
14. WHERE ACQUIRED (City, State, Country)	N.A.
15. OCCUPATION	HOUSEWIFE
16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployed)	N.A.

SECTION XIX — RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT

	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES	5. EMPLOYED BY	6. CITIZENSHIP (Country)	7. FREQUENCY OF CONTACT	8. DATE OF LAST CONTACT
2	LOPEZ, ELENA	SISTER IN LAW	33	212 MAPLE Rd., METAIRE, LA. U.S.A.	BERLITZ SCHOOL OF LANGUAGEZ	MEXICAN	ONCE YEARLY (4)	JUNE 1961
3								
4								
5								

SECTION XIX CONTINUED TO PAGE 13

SECTION XIX CONTINUED FROM PAGE 12

6. SPECIAL REMARKS, IF ANY, CONCERNING RELATIVES NOTED IN SECTION XIX ABOVE

Above relative has been a continuous resident in the U.S.A. since 1945 in New Orleans, La.

SECTION XX — RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL SERVICE OF THE UNITED STATES

	1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
1	ROSS, JOSEPH ALBERT	BROTHER IN LAW	40	U.S.A.
	5. ADDRESS (No., Street, City, State, Country)	**6. TYPE AND LOCATION OF SERVICE (If known)**		
	Route 2, Box 595H, Pensacola, FLA, USA.	MARINE PILOT AND PHOTOGRAPHER INSTRUCTOR PENSACOLA NAVAL AIR STATION		
2	1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
	5. ADDRESS (No., Street, City, State, Country)	6. TYPE AND LOCATION OF SERVICE (If known)		
3	1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
	5. ADDRESS (No., Street, City, State, Country)	6. TYPE AND LOCATION OF SERVICE (If known)		

SECTION XXI — REFERENCES, ACQUAINTANCES, AND NEIGHBORS

1. LIST FIVE CHARACTER REFERENCES, NOT RELATIVES, IN THE U.S., WHO KNOW YOU INTIMATELY

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)
A.C. White	N.S.A. WASHINGTON, D.C.	10125 MARKHAM ST. SILVER SPRING, Md.
J.S. McNEELY	U.S.N. USS SARATOGA FPO N.Y. N.Y. (CVA-60)	1601 ARDEN WAY JACKSONVILLE, FLA.
P.M. ARTHUR	INTELLIGENCE UNK.	DRAWER K FT. AMADOR CANAL ZONE
DOROTHY MANESS JONES	HOUSEWIFE UNK.	210 W. PRESIDENT, Apt. 4 GREENWOOD, MISS.
C. A. ZEHNDER	EBASCO SERVICES N.Y. UNK.	P.O. BOX 285 PINE BLUFF, ARKANSAS

2. LIST FIVE PERSONS, IN THE U.S. WHO KNOW YOU SOCIALLY - NOT RELATIVES, SUPERVISORS OR EMPLOYERS

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)
J. W. BARNES	MANUFACTURER REPRESENTATIVE UNK.	6938 Colbert St. New Orleans, LA.
L.T. WOLF	EBASCO SERVICES, N.Y. UNK.	420 PARK Ave. SWARTHMORE, PA.
J. BRUNO	CIVIL SERVICE UNK.	3310 CASTIGLIONE New Orleans, LA.
DOROTHY BOETTCHER	HOUSEWIFE UNK.	839 PALERMO Ave. CORAL Gables, Miami, FLA
A. TAWATER	UNK.	1211 W. ARKANSAS LANE Rt 2, Box 16, ARLINGTON, TEXAS

3. LIST THREE NEIGHBORS AT YOUR MOST RECENT NORMAL RESIDENCE IN THE U.S.

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)
Dr. E. Peebles	TULANE MEDICAL SCHOOL New Orleans, LA.	2207 BROADWAY Ave. New Orleans 18, LA.
D. White	RETIRED CIVIL SERVICE	512 WALNUT St. New Orleans, LA.
C. MACE	TULANE UNIVERSITY SPANISH DEPARMENT	UNK.

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SECTION XXII CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

NOTE: List names and addresses of all clubs, societies, professional societies, employee groups or organizations of any kind *(Include membership in, or support of, any organization having headquarters or branch in a foreign country)* to which you belong or have belonged.

NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)	DATES OF MEMBERSHIP	
		FROM	TO
Phi Sigma Iota	TULANE UNIVERSITY unk.	1951 unk.	Present.
American Ass. of Teachers of Spanish & Portuguese	DE PAUW UNIVERSITY unk.	1952 unk.	Present

SECTION XXIII RESIDENCES FOR THE PAST 15 YEARS

ADDRESS - LAST RESIDENCE FIRST (Number, Street, City, State, Country)	INCLUSIVE DATES	
	FROM	TO
FOCSA BLDG. APT. 28L, 17 & M St., Vedado, HAVANA Cuba	Oct. 1956	June 1961
FINCA Emilita, Klm 12 Central Highway, SAN FRANCISCO de Paula, Havana Cuba.	April 1954	Oct. 1956
2D Newcomb Campus, New Orleans, LA, U.S.A.	Aug. 1951	April 1954
510 Walnut St., New Orleans, LA., U.S.A.	Jan. 1950	Aug. 1951
2305 1/2 Almonester Ave., New Orleans, LA., U.S.A.	Oct. 1949	Jan. 1950
510 Walnut St., New Orleans, LA., U.S.A.	Nov. 1942	Oct. 1949

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SECTION XXIV — ADDITIONAL INFORMATION

1. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF; OR HAVE YOU EVER SUPPORTED OR BEEN ASSOCIATED WITH ANY POLITICAL PARTY, INDIVIDUAL OR ORGANIZATION WHICH ADVOCATES OR TEACHES THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES BY FORCE, VIOLENCE OR OTHER UNCONSTITUTIONAL MEANS, OR SEEKS BY FORCE OR VIOLENCE TO DENY PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES? ☐ YES ☒ NO

2. IF YOU HAVE ANSWERED "YES" TO THE ABOVE QUESTION, EXPLAIN

N.A.

3. DO YOU USE OR HAVE YOU EVER USED INTOXICANTS? ☐ YES ☒ NO

4. IF SO, TO WHAT EXTENT? N-A

5. DO YOU USE OR HAVE YOU EVER USED NARCOTICS? ☐ YES ☒ NO

6. IF SO, TO WHAT EXTENT? N-A.

7. HAVE YOU EVER BEEN A MEMBER OF, OR SUPPORTED, OR HAD ANY CONNECTIONS WITH A FOREIGN INTELLIGENCE ORGANIZATION OR ITS ACTIVITIES? ☐ YES ☒ NO IF ANSWER IS "YES", GIVE COMPLETE DETAILS.

N.A.

8. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940 C.I.A., STATE DEPARTMENT, PAN AMERICAN UNION, CIVIL SERVICE, USIA.

9. IF TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAVE CONDUCTED AN INVESTIGATION OF YOU, INDICATE THE NAME OF THE AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION.

UNK.

NOTE SPECIAL INSTRUCTIONS — **If your answer is "YES" to the following Questions 10, 11 or 12, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope.**

10. HAVE YOU, OR TO YOUR KNOWLEDGE HAS YOUR SPOUSE, EVER BEEN DETAINED, ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF THE LAW OTHER THAN A *MINOR* TRAFFIC VIOLATION IN THE UNITED STATES OR ABROAD?
IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, DATE, NATURE OF OFFENSE AND DISPOSITION OF CASE IN ACCORDANCE WITH THE SPECIAL INSTRUCTION ABOVE. ☐ YES ☒ NO

11. HAVE YOU EVER BEEN ARRESTED, COURT-MARTIALED OR OTHERWISE PUNISHED UNDER MILITARY LAW OR REGULATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE. ☐ YES ☒ NO

12. ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE, NOT MENTIONED ABOVE, WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE. ☐ YES ☒ NO

SECTION XXV — PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME *(First-Middle-Last)*	2. RELATIONSHIP
PAULINE JUANITA RODRIGUEZ	WIFE
3. HOME ADDRESS *(No., Street, City, Zone, State, Country)*	4. HOME PHONE NO.
9361 SW. 178 St. PERRINE 57, FLA.	CEdar-5-8341
5. BUSINESS ADDRESS *(No., Street, City, Zone, State, Country)* - INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE	6. BUSINESS PHONE NO. & EXT.
N.A.	N.A.

7. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES *(Spouse, Mother, Father)* MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE, BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.

N.A.

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SECTION XXVI

CERTIFICATION

YOU ARE INFORMED THAT THE CORRECTNESS OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED.

I have read and understand the instructions. I Certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact will constitute grounds for immediate dismissal or rejection of my application. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).

1. DATE OF SIGNATURES Sept. 5, 1961	2. SIGNATURE OF APPLICANT Emilio A. Rodriguez
3. SIGNED AT (City and State) MIAMI, FLA.	4. SIGNATURE OF WITNESS Paula R. Rodriguez

NOTE: Use the following space for extra details. Reference each continued item by section and item number to which it relates, sign your name at the end of the added material. If additional space is required use extra pages the same size as this page and sign each such page.

☆U. S. GOVERNMENT PRINTING OFFICE : 1959 O - 492175